STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELL OAKS TERRACE	4200 WYNTREE DR NEWBURGH, IN47630

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R0000	This visit was for a post survey revisit [PSR] to the state residential licensure survey, completed on 3/4/11. This visit was for the post survey revisit [PSR] to the PSR completed on 02/16/11 to the unrelated deficiencies cited during the investigation of complaint IN00084710 completed on 01/13/11. Survey dates: June 15, 16, 17, 20, 21, 2011 Facility number: 004903 Provider number: 004903 AIM number: N/A	R0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	Survey team: Amy Wininger, RN, TC Diane Hancock, RN Martha Saull, RN [June 20, 2011] Census bed type: Residential=41 Total= 41 Census payor type: Other= 41 Total= 41 Sample: 5 Supplemental sample: 20 These state residential findings are in accordance with 410 IAC 16.2-5. Quality review completed 6/27/11 Cathy Emswiller RN			